



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHS-IS

19 October 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
Building 126, at 0900 on 9 October 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
LTC Starcher, PASBA
MAJ Griffith, RM
MAJ Stewart, MEDCOM PAS
MAJ Wesloh, PASBA
Ms. Bacon, AMPO
Ms. Enloe, PASBA
Mr. James, PASBA
Ms. Leaders, TRICARE Operations Division
Mr. Padilla, RM
Ms. Robinson, PASBA
Mr. Thompson, Internal Review
Ms. Bowman, TRICARE Operations Division

b. Members Absent:

COL Jones, ACofS (HP&S)
LTC Dolter, Outcomes Management
MAJ Burzynski, OTSG (IMD)
MAJ Shahbaz, OTSG (Decision Support Cell)
Ms. Cyr, ACofS (PA&E)
Ms. Mandell, PASBA
ACofS Personnel Representative

c. Others Present:

MAJ Ruiz, Representing ACofS (HP&S)
Ms. Jones, Representing RM

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2. Opening Remarks. There were no opening remarks.

3. Old Business.

a. Approval of Minutes. The September minutes were approved as written.

b. DQFAST Metrics (exceptions only).

(1) There were no exceptions to report.

(2) End-of-Day Metric, [enclosure 1](#). The data for this metric is obtained from the Health Care Access Metric. The end-of-day metric will determine if end-of-day processing was performed. For Data Quality Management Control Program (DQMCP) purposes, facilities are only required to respond yes or no, whether their policies support end-of-day processing requirements. In the future, facilities will be required to respond with a percentage of compliance for end-of-day processing. The measurement for this metric is 99 percent and higher is green, 96-98.9 percent is amber, and 95.9 percent or less is red. This metric will be posted on the Patient Administration Systems and Biostatistics Activity (PASBA) website.

c. DQMCP Pending Issues.

(1) Inpatient/Outpatient Records Coding Issues. The PASBA coding consultant's training video teleconferences (VTCs) are going well. The next VTC is scheduled for the end of October 2001. Facilities that mistakenly coded Anthrax injections as Anthrax illness last year have been given a list of their Standard Ambulatory Data Records for correction.

(2) Medical Expense and Performance Reporting System (MEPRS) Transition to Expense Assignment System (EAS) IV.

(a) The Army MEPRS Program Office (AMPO) requested this item be referred to as a MEPRS update, as the MEPRS transition to EAS IV has occurred. For the July report month, 57 percent of the facilities reported. By the end of December 2001 it is

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anticipated that 100 percent of facilities 2001 data will be processed.

(b) In response to a committee members question, the AMPO related that currently the Army only reconciles financial data and not manpower data. The AMPO responded that, if the Navy and Air Force are reconciling both, then the Army should also consider doing the same.

(c) The AMPO related that most of the comments from medical treatment facilities (MTFs) MEPRS offices appeared to be staffing shortage concerns.

d. DQMCP, New Issues. Great Plains Regional Medical Center (GPRMC), [enclosure 2.](#)

(1) Availability of FY 02 MEPRS & Coding software tables from TRICARE Management Activity (TMA)--The tables will be available on 2 November 2001. Facilities will be able to retain tables in EAS IV for processing 2001 data for the next 2 years. A timeline has not been given for when Medical Expense Query System III data for 1999 will stop being processed.

(2) Loss of Business Objects reporting tool when Ambulatory Data System (ADS) transitions to Ambulatory Data Module (ADM)--This concern has been raised with the Composite Health Care System (CHCS) program office. It appears that the ADM deployment will be delayed until March 2002. This will permit time to develop some type of query system into ADM.

(3) Fort Riley Telephone Consult system change request (SCR)--The SCR was submitted to correct the telephone consult functionality within CHCS. **Decision: A work order has already gone to the new contractor, International Business Machines (IBM).**

e. DQMCP Update--Encountered some difficulties with facilities entering their data onto the template of the Summary Spreadsheet. Although moderately successful this should get better as facilities become more familiar with the template.

f. DQMCP Trends Update, [enclosures 3, 4, 5, and 6.](#)

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(1) Question one was previously changed back to the original question that requires daily end-of-day processing versus a policy that supports daily end-of-day processing. The overall compliance remained the same.

(2) Compliance for all questions related to EAS/MEPRS input increased, except for question 7d, which remained the same.

(3) The DQMCP Trends showed an overall improvement in compliance from the previous month.

(4) Coding related questions showed an increase in compliance over the previous month. Facilities report that a shortage of coders is still a problem. The committee will monitor several areas: those facilities that were provided funding for coders from MEDCOM; whether those facilities subsequently purchased coders; and, if so, has there been an improvement in their coding compliance? **Decision: The committee will monitor those facilities that indicated a shortage of coders and their coding compliance.**

(5) The AMPO Chief related that West Point did not have their MEPRS data in because of a hardware failure. This necessitated the re-entry of 8 months worth of data. This is now complete through the month of July.

(6) The AMPO Chief clarified the discrepancy in Fort Gordon's number of EAS dispositions and their Worldwide Workload Report dispositions as the capturing of Obstetrics dispositions at the Medical College of Georgia Hospital. This is an exception previously granted by U.S. Army Medical Command, but is under review, as it does not conform to MEPRS standard business practices.

g. Electronic Signature Update--All but two sites were successful in using the electronic signature for the DQMCP submission. There are some problems with forms altered after the electronic signature has been applied. Most of these problems are associated with format changes or other non-content matters.

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h. Full-Time Equivalent Accountability Update--There are validity and standardization concerns with this initiative.

Decision: The committee elected to drop this item from the agenda.

i. Data Quality in the Balkans--Things are going well with Bosnia and Kosovo should be using CHCS by the end of October 2001.

j. DQFAST Membership Review--Received minimal responses.
Decision: The responses will be consolidated/incorporated into the current membership.

4. New Business.

a. KG-ADS Best Business Practice, [enclosure 7](#)--Fort Riley implemented management controls consisting of ADS compliance metric, KG-ADS reports, and ad hoc ADS reports. This effort increased the accuracy of provider coding and overall ADS metric compliance to 100 percent. **Decision: The committee commends the facility for their proactive efforts and will place this Best Business Practice on the PASBA website.**

b. New Issue Discussion--A committee member offered to provide a working copy of the Data Quality Tri-Service Users Manual to the DQFAST committee members for review.

5. Deferred Issues. None.

6. The meeting adjourned at 1000. The next meeting is scheduled for 0900, 13 November 2001, in the PASBA conference room.

7 Encls
as

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

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1-Each Committee Member